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PATENT
DOCKET NO.: 22221/1023 (RU-429)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : O'DONNELL et al.

Serial No. : 10/048,071

Cnfrm. No. : 1435

Filed : July 28, 2000

For : DNA REPLICATION PROTEINS OF GRAM
POSITIVE BACTERIA AND THEIR USE TO
SCREEN FOR CHEMICAL INHIBITORS

Examiner:
Padmavathi Baskar

Art Unit:
1645

INFORMATION DISCLOSURE STATEMENT
UNDER 37 C.F.R. §§ 1.97-1.98

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. §§ 1.97-1.98, the references listed on the attached PTO/SB/08 form are hereby brought to the attention of the United States Patent and Trademark Office.

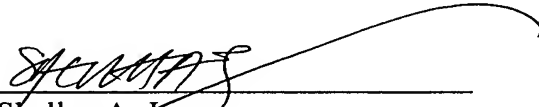
Pursuant to 37 C.F.R. § 1.98(a)(2)(ii), copies of the cited U.S. patents and U.S. patent application publications (*i.e.*, Reference Cite Nos. 1-17) are not enclosed. Copies of the other listed references (*i.e.*, Reference Cite Nos. 18-44) are enclosed herewith.

Pursuant to 37 C.F.R. § 1.97(c)(2), the Commissioner is hereby authorized to charge \$180.00 to Deposit Account No. 14-1138.

01/18/2008 SSITHIB1 00000045 141138 10048071
01 FC:1806 180.00 DA

Respectfully submitted,

Date: 16 JAN 2008


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Certificate of Mailing - 37 CFR 1.8(a)	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on the date below.	
<u>Jan. 16, 2008</u> Date	<u>Ruth R. Smith</u> Ruth R. Smith

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL FOR FY 2008</h2>		Complete if Known	
		Application Number	10/048,071
		Filing Date	July 28, 2000
		First Named Inventor	Michael E. O'Donnell
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Padmavathi Baskar
TOTAL AMOUNT OF PAYMENT	(\$) <u>180</u>	Art Unit	1645
		Attorney Docket No.	22221/1023 (RU-429)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	N/A	N/A	N/A	N/A	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 _____ - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

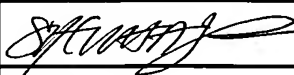
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____
 Other: Information Disclosure Filing Fee _____ **\$180.00**

SUBMITTED BY

Signature		Registration No. 53,081 (Attorney/Agent)	Telephone (585) 263-1461
Name (Print/Type)	Shelley A. Jones		Date January 16, 2008

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 16, 2008

Signature: Ruth R. Smith
 Name: Ruth R. Smith

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